

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/680,573
	Filing Date	October 6, 2000
	First Named Inventor	Roger A. STERN
	Art Unit	3737
	Examiner Name	G. Manuel
	Attorney Docket Number	643002000200

To: **Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: \_\_\_\_\_

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6) Please explain below: |   |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:  
 Returning Files back to Client due to the client failure to pay bill after repeated attempts.

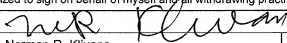
**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.**

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B.	<input checked="" type="checkbox"/> Inventor or Assignee Name	Sherwyne Bakar Panaseca, Inc.		
Address 2665 Marine Way				
City Mountain View		State CA	Zip 94043	Country U.S.A.
Telephone (650) 961-4400		Email sherwyne@panaseca.com		
I am authorized to sign on behalf of myself and all withdrawing practitioners.				
Signature				
Name	Norman R. Kivans		Registration No.	33,003
Address Morrison & Foerster LLP 755 Page Mill Road				
City Palo Alto		State CA	Zip 94304-1018	Country US
Date	July 10, 2009		Telephone No. (650) 813-5850	
NOTE: Withdrawal is effective when approved rather than when received.				